POS – Helpdesk Operational Procedure

Purpose: To describe the tools and scenarios associated with IME Pharmacy Point of Sale (POS) Help Desk operations.

Identification of Roles: **Pharmacy** Point of Sale (POS) **Help Desk Technicians:** Pharmacy Point of Sale (POS) Help Desk Technicians (Help Desk Technicians / Technicians) are responsible for resolving issues presented by providers (usually pharmacies and doctors), over the phone. Technicians are also responsible for learning the Policies and Procedures associated with their position to ensure accuracy and avoid errors. **Pharmacy** Point of Sale (POS) **Help Desk Supervisor:** The Pharmacy Point of Sale (POS) Help Desk Supervisor (Help Desk Supervisor / Supervisor) oversees the work of Help Desk Technicians and ensures that they follow the policies and Procedures associated with their position. The Supervisor will also maintain reports and statistics of calls recorded in the Help Desk Call log. Other responsibilities and tasks will be performed as needed. Prior Authorization (**PA) Unit:** The Prior Authorization (PA) Unit, though not part of the Pharmacy Point of Sale (POS) Help Desk, still provides support to Help Desk Technicians on a daily basis. If there is a problem processing a Prior Authorization (PA) that a Technician cannot resolve, the Prior Authorization (PA) Unit can be contacted for assistance. The Prior Authorization (PA) Unit can also answer general questions or research an issue to assist the Help Desk. **Data Control Technicians:** Data Control Technicians are available to perform the maintenance tasks to which Help Desk Technicians do not have access. This includes, but is not limited to, changing the information associated with a Member's number, updating plan information, adding / removing drugs from the Preferred Drug List (PDL), changing member lock-in values, etc.

Performance Standards: Provide sufficient staff such that 95 percent of all call line inquiry attempts are answered. The total number of abandoned calls shall not exceed five percent in any calendar month. Provide sufficient staff such that average wait time on hold per calendar month shall not be in excess of 30 seconds.

Path of Business Procedure:

Step 1: **Help Desk Call Log (Call Log):** A tool used to record pertinent information from every incoming / outgoing call. It can also be used to retrieve information about previous calls and callers, Prior Authorization (PA) data, and other information. Call Log is described in Chapter **Error! Reference source not found.**, **Error! Reference source not found.**.

a. Pharmacy Point of Sale (POS) Help Desk Technicians must log every incoming and outgoing call in the Help Desk Call Log (Call Log). The recorded information will include the name of the caller, a description of the issue, the resolution and any other pertinent information related to the call. A provider and / or member number as well as a program number must also be recorded. If Call Log does not record these items automatically, the Technician is responsible for entering these items in the comments area of a call log.

b. Pharmacy Point of Sale (POS) Help Desk Technicians are required to verify the identity of all callers using reasonable means. For provider calls, technicians must ask the caller to verify the name, address, and phone number associated with the National Provider Identification (NPI) number they supply. The caller is also required to give their name, which the Technician must record in Call Log.

1. Due to contractual obligations with Iowa Medicaid Enterprises, 95 % of all inbound calls to the Pharmacy Point of Sale (POS) Help Desk must be resolved on the first call. If an issue is not completed on the first call, Technicians need to ensure that their incomplete calls are resolved as quickly as possible.

Step 2: Help desk functions in IMEPROD is the Point of Sale (POS) claims processor tool used by the Help Desk, Data Control Technicians and others. It is terminal based and therefore uses a text interface.

a. To choose a menu option, type the number that corresponds to the desired menu option and press Enter. The screen or menu associated with the selected menu option will display on the screen. To return to a previous menu, make sure the active prompt—indicated by the blinking white cursor—is empty, and press enter.

1. Choose option 1 `Help Desk Functions` at the Main Menu. This will bring the technician to the Help Desk Menu.

2. Choosing option 4 ON-LINE CLAIMS INQUIRY from the Help Desk main menu shows information regarding a specific pharmacy claim. By default the most recent claim is displayed on the screen. However, other data can be displayed by using the search commands at the bottom of the terminal screen.

3. All available navigation, inquiry and search options are displayed at the bottom of the Claim Inquiry screen. The letters corresponding to the commands listed in brackets [].

4. The claim entry / edit screens are where a Technician will perform a claim reversal, correct a rejected claim, or enter a paper claim.

5. Prior Authorization Maintenance Screen allows a Technician to modify an existing Prior Authorization (PA) or create a new Prior Authorization (PA).

6. The Claim Price Detail Screen can be accessed by pressing P from the Claim Detail Screen. This screen shows all the prices that were considered during claim processing and flags with an * which price was used to pay the claim. Other pricing information associated with the claims is also displayed.

7. The Physician Inquiry Screen is used to review information associated with a Physician or Prescriber. The most important lines on this screen are 9, 14 and 15. The claims processor will only accept claims for Physicians with one of the type codes listed on the right side of the screen with an enrollment status of 1 on the current date.

8. Plan inquiry screens allow Technicians to review detailed information about Iowa Medicaid Plans.

9. The Member Inquiry screen can be used for several Help Desk operations. Entering a Member's ID number allows a Technician to review general information regarding a member.

10. The Member Name Inquiry screen can be used to look up a member's information by last name and / or first name. Common names, like Smith, will cover multiple screens.

11. The NDC Definition Inquiry screen can be used to see Prior Authorization (PA) / Preferred Drug List (PDL) data associated with a certain drug. This screen is especially useful for determining the preferred / non-preferred status of a drug.

Step 3: Rejected Claims

a. Rejected claims are the most common type of provider call. Claims can be reject for a number of reasons.

   1. Choose *Rejected Claim* as the call type.
   2. Place the Rx number in the *Reason for Call* comments area.

b. In some cases a claim will not be accepted into the claims processor, and a situation exists in which it must be processed and accepted. For example, if a member's prescription is lost, stolen, or damaged, their claim will be rejected as a refill too soon when they go to replace the prescription. In situations like this a claim override needs to be performed, as described in the following steps.

   1. Choose *Claim Override* as the call type.
   2. Record the RX number, Member number, and National Drug Code (NDC) associated with the claim in the *Reason for Call* comments area.
   3. Open IMEPROD, go to the `MAINTENANCE MENU`, and choose `Special Prior Authorization (PA) Maintenance`.
      NOTE: A password is required to enter the Maintenance Menu.
   4. Type N and press enter at the prompt. This creates a new special Prior Authorization (PA), which can be used for override purposes.

      OR

      If a caller references an existing special Prior Authorization (PA), enter that Prior Authorization (PA) number in the prompt and press enter.
   5. Enter the Member number, Physician National Provider Identification (NPI), and Pharmacy National Provider Identification (NPI) number associated with the claim.
      IMPORTANT: All fields in the special Prior Authorization (PA) must match with the information submitted with the subsequent claim.
   6. In the Effective and Expiration date fields enter the timeframe for which the Prior Authorization (PA) should be valid. In most cases this timeframe must be no more than one business day.

7. In Maximum quantity, days supply, and dollar amount fields, enter the amounts that will be submitted in the claim.
8. In the next 2 fields, enter the National Drug Code (NDC)or Generic Product Identifier (GPI) of the requested drug and indicate if a zero copay option is required.
9. In the reject code to override field, enter the NCPDP reject code returned to the pharmacy that needs to be overridden (in most cases75, 76, or 79).
10. In the Override Reason Code field, enter one of the override codes shown in APPENDIX A which best describes the override request.
11. In the comments field, add a brief description as to why the override was requested.
12. To finish, press enter to make the override active.
13. Inform the pharmacy they can resubmit the claim using the Special Prior Authorization (PA) override number as they would a regular Prior Authorization (PA).
14. Remain on the line to ensure it processes as expected.

c. Claim Status inquiries are among the easiest types of calls to resolve. Only basic information is generally requested which can be found using the claim inquiry screens.

d. If a consumer or a provider calls and requests application forms or Prior Authorization (PA) forms, refer them to the Iowa Medicaid Preferred Drug List (PDL) website: http://www.iowamedicaidpdl.com/

e. Listen closely and patiently to the caller's complaint, concern, or feedback. Make every effort to resolve the caller's issue, or explain any relevant policies and procedures to them. Record the call in Call Log and advise the caller that a record of their complaint has been made. Perform any reasonable request the caller makes.

f. Due to the Deficit Reduction Act of 2005, Iowa Medicaid has ended "pay and chase" claim processing as of January 16, 2007. Providers must bill the primary insurance carrier before billing Medicaid. Because of this policy change, providers may call the helpdesk for help with Third Party Liability (TPL) billing, such as entering a TPL paid amount onto a claim. Specific instructions can be found in Informational Letter 543 which has also been posted on the Iowa Medicaid PDL website http://www.iowamedicaidpdl.com.

g. A steady volume of paper claims are received on a daily basis, which must be entered into the claims processor manually.

h. Medically Needy Adjustments are performed on the Manual Entry screen. Every Monday, Wednesday, and Friday a report is generated listing claims that need to be re-entered into the claims processor to reconcile differences between a Member's current eligibility and the claims they have paid for. The report reflects all claims that need to be re-entered thru the manual claim entry screen.

Forms/Reports: NA

RFP References: 6.3.2.3, 5.3.2.2.7

Interfaces: IMEPROD, POS HELPDESK LOG

Attachments: None